

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	3					
6	3					
7	3					
8	3					
9	3					
10	3					
11	1					
12	1					
13	1					
14	1					
15	3					
16	3					
17	3					
18	3					
19	3					
20	3					
21	1					
22	1					
23	1					
24	1					
25	1	(1)				
26		(1)				
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	4					
36	2					
37	2					
38	8					
39	8					
40	1					
41	1					
42	1					
43	1					
44	4					
45	2					
46	1					
47	1					
48	1	(1)				
49		(1)				
50	1					
TOTAL IND.	22					
TOTAL DEP.	26					
TOTAL CLAIMS	48					

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						